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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004							1	Application or Docket Number				
CLAIMS AS FILED - PART I								14	4633.0170/2018/			
		CLAIMS		D - PART		(Column 2)	SMALL E	VTITY	OTHER THA			
U.S. NATIONAL STAGE FEES				· · · · · · · · · · · · · · · · · · ·		<u> </u>	RATÉ	FEE	7			
BASIC FEE			SMALL	SMALL ENT. = \$ 150 LA		GE ENT. = \$ 300	BASIC FEE		٠,	RATE	FEE	
EXAMINATION FEE			(4) =	Satisfies PCT Article 33(1)- All (4) = \$50/\$100		other situations = \$ 100 / \$ 200	EXAM. FEE	 	OR	BASIC FEE EXAM. FEE	300	
SEARCH FEE			ALL othe	= \$ 50 / \$ 100 er countries = 10 / \$ 400	All o	ther situations = \$ 250 / \$ 500	SEARCH FEE	1		SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			07	minus 100 =		/ 50 =	X \$ 125 =	 	-	X \$ 250 =	7/00	
TOTAL CHARGEABLE CLAIMS			J	minus 20 =	*		X \$ 25 =	╁	OR			
INDEPENDENT CLAIMS			12	minus 3 =	<u> </u>		X \$ 100 =		-		 	
MULTIPLE DEPENDENT CLAIM PRESENT							+\$180=	 	OR	X \$ 200 =	<u> </u>	
* If	the differenc	e in column 1 is	s less than z	zero enter "O	" in co	Jump 2	TOTAL	<u> </u>	OR OR	+ \$ 360 =	<u> </u>	
-		CLAIMS AS (Column 1)	AMEND	ED - PART (Colum		(Column 3)	SMALL	ENTITY	OR	OTHER Small e		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	. X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	<u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 180 =		OR	+ \$ 360 =				
							TOTAL ADDIT. FEE		J [TOTAL ADDIT. FEE		
		(Çolumn 1)		(Colum	n 2)	(Column 3)		•				
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	FEE	
	Independent	*	Minus	***		=	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 180 =	···	OR	+ \$ 360 =				
			·				TOTAL ADDIT.		·L	TOTAL ADDIT.		
		•			ě		FEE	·	<u> </u>	FEE		
	r via minibestivii	mn 1 is less than the mber Previously Pal	A CAP IN THIS	OD 4 6 - 1								
	i iidiloof 140	ilingi Freylousiy Par	O FOR IN THIS	SDACE In land M	Li. 101		the appropriate box	in column 1.		•		